	Express Mail Label No. (if applicable)						
_							
on	Application No.	10/519,768					
	Confirmation No.	7260					
	Filing Date	July 3, 2003					
	First Named Inventor	Zimmerman					
	Group Art Unit	3634					
	Evaminar Nama	Kally Cathorina A					

232443

047P 1861

## Request for Continued Examination (RCE) Transmittal

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application,

Attorney Docket No.

Client Reference No.

1.	Su	hmi	ssion require	d unde	r 37 CFR 1.	114					
				Previously submitted							
	-	Ϊ.		Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on							
			(Any unen	tered ame	ndment(s) refer	red to above	will be ente	red.)	•		
		ii.		r the arg	guments in th	ne Appeal E	Brief or R	eply Brief prev	iously file	ed on	
		iii.	Other:								
	b.	$\boxtimes$	Enclosed								
		i.	Amendn				iv.				
		ii.	☐ Affidavite	(s)/Decl	aration(s)		٧.			ces listed in Fo	m PTO-1449
					(except for U.S. patents and applications)						
_			iii.								
2.											
	<ul> <li>a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)</li> </ul>					c) for a period					
									7 CFR 1.17	(i) required.)	
		b. Applicant claims small entity status. See 37 CFR 1.27									
	C.	_	Other:								
3.	Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.										
	a.										
		i.						37 CFR 1.17(			\$810.00
		ii.	○ One-more     ○ One-more	nth exte				CFR 1.136 and 1.			\$130.00
		iii.	☐ An exter					ured and the fe			
					ed from the t	otal fee du	e for the	total amount o	f extensi	on now	
			requeste								
		iv.						eriod noted ab			
								nder the prese			
								the appropriat	e petition	fee.	
		٧.		ion of a	ction fee of \$	3130.00 (37	7 CFR 1.	17(i))			\$ 0.00
		vi.	Other:								
		vii.	☐ Claim fe	e							
			CLAIMS		HIGHEST			_			
			REMAINING		NUMBER	EXTRA		ADD'L		ADD'L	
٠.,	лм Е	cc	AFTER		PREVIOUSLY PAID FOR	CLAIMS PRESENT	RATE	CLAIM FEE	RATE	CLAIM FEE	
To	_	EE	AMENDMENT 10	Minus	20	= 0	x 26 =	FEE	x 52 =	FEE	
_		IDEN.		MINUS	3	= 0	x 110 =		x 220 =		
IND	PER										
_		<u> </u>	FIRST PRESENT	ATION O	F MULTIPLE CI		+ 195 =		+ 390 =		
		_								posit Account	\$940.00
	b.   The Commissioner is hereby authorized to charge any deficiencies in the above fees or to										
	credit any overpayments to Deposit Account No. 12-1216.										

	SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED								
Name (Print/Type)	J. Karl Gross	Registration No. (Attorney/Agent)	57,108						
Signature	/J. Karl Gross/	Date	July 2, 2009						
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)						